

**AR920390Z**

Arkansas Department of Health  
Section of Emergency Medical Service  
5800 W. 10<sup>th</sup> Street Suite 800  
Little Rock, AR 72204-1763

EMS/School Affiliation \_\_\_\_\_

Name of Supervisor or Instructor \_\_\_\_\_

\_\_\_\_\_ State Check only

\_\_\_\_\_ State and FBI Check

Items Needed:

1. This form completed (typed or printed clearly) signed **AND** notarized (see back)
2. If a FBI Check is also required, **one** completed FBI fingerprint card.
3. IF YOU HAVE PAID ON LINE DO NOT SEND ADDITIONAL PAYMENT TO ADH.

For State Background Checks ONLY: A check or money order in the amount of \$22.00 payable to Arkansas Department of Health.

**DO NOT SEND A CHECK IF YOU PAID ON LINE.**

For State AND National Background Checks: A check or money order in the amount of **\$37.75** payable to Arkansas Department of Health.

RETURN TO THE SECTION OF EMS AT THE ABOVE ADDRESS

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Maiden

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
County

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

The applicant must list all felony and misdemeanor charge(s) for which he/she was found guilty or pled guilty or nolo contendere to:

Date

Location

Description

Sentencing/Disposition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Oath** (please check one):

\_\_\_\_\_ I verify that I have been a resident of Arkansas for **MORE** than five (5) years.

\_\_\_\_\_ I verify that I have been a resident of Arkansas for **LESS** than five (5) years.

\_\_\_\_\_ 82001 Civil Records Check - \$22.00

**OFFICE USE ONLY**

\_\_\_\_\_ 80000 FBI Records Check \$15.75

March 2015

I, the undersigned, understand the personal information and fingerprints submitted by ADH, Section of EMS are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to ADH, Section of EMS.

I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC §552a, for routine uses beyond the principal purpose listed above.

The name, address and date of birth appear in the following government issued identification document(s):  
\_\_\_\_\_ Driver's License \_\_\_\_\_ State Identification Card \_\_\_\_\_ Other (list) \_\_\_\_\_

I state on oath that the representations made herein are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

At \_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature of Notary

(SEAL)

My commission expires: \_\_\_\_\_

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code §5-53-1-3.

28 CFR §16.34 - Procedure to obtain change, correction, or updating of identification records.

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**NOTICES:**

**FBI FINGER CARD:**

IF, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division. ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the date requesting the agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CHIS Division will make any changes necessary in accordance with the information supplied by that agency.

\*\*Ensure that the correct finger printing reason code and agency ID are used

**STATE BACK GROUND:**

ANY CHALLENGES TO THE ACCURACY OF THE RESULTS SHOULD BE DIRECTED FIRST TO THE STATE IDENTIFICATION BUREAU (PHONE 501-618-8500), #1 STATE POLICE PLAZA DRIVE, LITTLE ROCK AR 72209.

PRIOR TO THE COMPLETION OF A STATE CRIMINAL HISTORY CHECK, THE ARKANSAS DEPARTMENT OF HEALTH MAY CHOOSE TO DENY AN APPLICANT CERTIFICATION AS AN EMERGENCY MEDICAL TECHNICIAN.

March 2015